(Revised 02/2003)

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Only

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REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF THE SENATE 11. JUN -2 PM 12: 03

1 OTTIVI O	For An Au	thorized Cor	nmittee	, In he)(N C	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT		xample: If typin ver the lines.	g, type	12FE4M5		
FRIENDS OF NANCY	MACE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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ADODECC (295 SEVEN FAF	RMS DRIVE SUIT	E C-186				
ADDRESS (number and street)	1 , , , , ,		1 1 1 1 3	Ta		1 1 1 1 1 1 1	1
Check if different than previously reported. (ACC)	CHARLESTON SC 29492 -						
2. FEC IDENTIFICATION N	UMBER ▼	CITY A		\	TATE	ZIP CODE A STATE ▼ DI	STRICT
C C00549295		3. IS THIS REPORT	NEW (N)	OR .	(A)	SC	00
4. TYPE OF REPORT (CH	noose One)	(b) 12-Day PR	E-Election Repo	ort for the			
(a) Quarterly Reports:		(e, 12 ba, 11.			5	100	(4 O D)
April 15 Quarterly	Report (Q1)	드	Primary (12P	m	General (1	· • • • • • • • • • • • • • • • • • • •	(12H)
July 15 Quarterly Report (Q2)			Convention (12C) 📋	Special (1	2S)	
October 15 Quarte		Election of		D D /	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	in the State of	
January 31 Year-End Report (YE)		(c) 30-Day PO	ST-Election Re	port for the:			•
			General (300		Runoff (30	OR) Specia	I (30S)
Termination Report	(TER)	Election of		D D /	~ ~ ~ ~ ~	in the State of	
5. Covering Period 0	M / D D /	2014	through	03 M	/ 31 /	2014	
I certify that I have examined the	his Report and to	the best of my l	knowledge and	belief it is true	e, correct and	d complete.	
Type or Print Name of Treasure	Caitlin Contesta	able					
Signature of Treasurer Cai	tlin Contestable	ALP.		Da	te 05	/ D D / Y Y 20	14 Y
NOTE: Submission of false, error	eous, or incomplete	e information may	/ subject the pe	rson signing th	is Report to t	the penalties of 2 U.S.C.	§437g.
Office						FEC FORM 3	}